

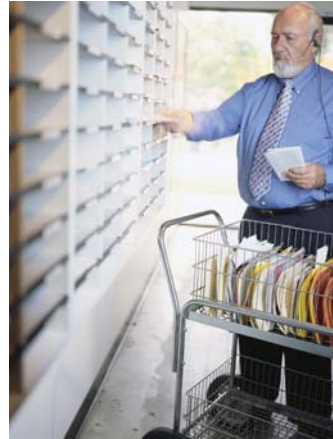


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COB Claim Submission on the GHP Web Portal for CMS 1500 Claims

CMSCOBWP200-09



Welcome to the WebEx training session for Introduction to the GHP Web Portal for Professional COB Claim Submission. The pre-requisite for this course is you must have taken [CMSWP101-09] – Introduction to the GHP Web Portal for CMS 1500 Claims and Be a registered for the Web portal.

Topics of Discussion

- ☐ The Coordination of Benefits (COB)
- ☐ A CMS 1500 Claim with COB via Web Portal
- ☐ The Claim Data Tab
- ☐ The Insurance Data Tab
- ☐ The Line Item Data Tab
- ☐ Submitting Your Claim
- ☐ Reviewing Your TCN and Exception Codes

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Learning Objectives

- ☐ Understand the COB Process
- ☐ Submit a COB CMS 1500 Claim on the Web
- ☐ Add the Claim Data from COB
- ☐ Add Insurance Data to Include Payer Identifier
- ☐ Add Line Item Details
- ☐ Review COB CMS 1500 Claim and Exception Codes

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Slide 2

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From this lesson you will be able to do the following:

- Understand the COB Process
- Submit a COB CMS 1500 Claim on the Web
- Add the Claim Data from COB
- Add Insurance Data to Include Payer Identifier
- Add Line Item Details
- Review COB CMS 1500 Claim and Exception Codes

The Coordination of Benefits

Coordination of Benefits (COB) is when a person has more than one source of reimbursement for health care expenses and the two sources coordinate their benefits. Examples of COB sources other than Medicaid are commercial plans.

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The Coordination of Benefits (continued)

Before you get started:

- ☐ Obtain the Patient's Billing Information to Enter on the Claim
- ☐ Obtain Your COB Adjustment Reason Code(s)
- ☐ Obtain Your COB Payer Identifier Carrier Code(s)

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A COB CMS 1500 Web Claim: Before You Begin

It is very important that you read and understand all COB policy, here are some helpful resources accessible on the GHP Web Portal for COB:

- ☐ Part I Policies and Procedures Medicaid Coordination of Benefits Reference Guide
- ☐ Medicaid Secondary Claims User Guide Version 4.0
- ☐ Explanation of Benefits (Edit Listings)
- ☐ EOB Codes Cross Walk 3

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It is very important to read all COB policy information accessible on the Web portal before submitting your COB CMS claim.

Under the Part I Policies and Procedures Medicaid Coordination of Benefits Reference Guide Review: COB Manual Section 104, 105, 202 and Chapter 300

Before You Begin (continued)

- ☐ You can locate a complete list of the COB carriers can be found on the Web portal. It is located at **www.ghp.ga.gov** under the **Provider Information** tab, in the Banner Messages section [Subject: Dual Providers Billing Requirements 2007, Date: January 5, 2007].
- ☐ You can also find the carrier code for the member by checking the member eligibility in the coordination of benefits section.
- ☐ You will only need the last four digits of the carrier code (payer identifier) listed.

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Home Tab Page: The Login Portlet

The screenshot displays the Georgia Health Partnership (GHP) Home Tab Page. The page features a navigation bar with tabs: Home, Provider Information, Member Information, and Directories. The Home tab is selected. Below the navigation bar, there is a search bar and a section titled "Welcome to the GHP Portal". This section includes a brief description of the GHP as a state-of-the-art electronic health care administration system and lists resources for Georgia Healthy Families. To the right, there is a "Login" portlet with a "Login" button and a "Forgot Password" link. Below the login portlet, there is a "Registration" section with a "Registration" button. The page also includes a footer with the text "expertise in action" and the ACS logo.

Georgia Health Partnership

Home Provider Information Member Information Directories

Search [Search]

Medicaid PeachCare for Kids

Welcome to the GHP Portal

The Georgia Health Partnership (GHP) is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other providers easy, secure and efficient access to health care information.

Georgia Healthy Families

To assist you with the launch of this important new health care program, the following resources are available to you:

- 1) The Georgia Healthy Families website, at www.georgiahealthyfamilies.com, contains information on the health plans and who must enroll at this time.
- 2) The GHP Portal (this website) provides a description of the program and instructions on how to contact the Georgia Healthy Families managed care organizations. Click on the Member Information tab and follow the links to Georgia Healthy Families to view this information.
- 3) If you are a provider, you may contact the managed care organizations at the following numbers:
Amerigroup: 800-454-3730
Peach State: 866-674-0633
WellCare: 866-231-1821
- 4) If you are a Georgia Medicaid Member, you may contact the managed care organizations at the following numbers:

Login

To access secure areas of the portal, please log in by entering your User Name and Password.

User Name:

Password:

Submit

Forgot Password

Instructions

Please remember to change your password at least once every 60 days. If you do not change your password after 60 days, the GHP Portal will prompt you for a new one.

Registration

To obtain a user name and password to use the GHP portal, you must be a current member or provider for either Medicaid or PeachCare for Kids. To begin the registration process, have your membership card or enrollment form ready and select the appropriate type of registration from the list below.

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Under the **Home Tab** of the GHP Web Portal is the Login portlet. Complete the following steps:

1. Enter your user name and password to login the Web portal.
2. Click the **Submit** button.

Then the **Claims Tab** page will appear.

Claims Tab Page: Enter a Claim

Georgia Health Partnership

Home | Provider Information | Member Information | Directories | My Workspace | **Claims** | Eligibility

Search [Search] Medicaid - PeachCare for Kids

Enter a Claim
Enter a Claim
Select the type of claim you would like to enter for processing. Once the claim is submitted, you will be able to track the status of the claim.

CMS 1500 Professional
[CMS 1500 Professional](#)
[UB02 Institutional](#)
[Code](#)

Void a Claim
Void a Claim
Void a paid or to-be-paid claim.
[Void a Claim](#)

Submit Batch File
Submit Batch File
Submit a HIPAA-formatted batch file for processing. Batches may be submitted for claims, eligibility, or any type of file formatted per HIPAA specifications.
[Submit a Batch](#)

Prior Authorization / Pre-Certification
Prior Authorization / Pre-Certification
To request a Prior Authorization (PA) or check the status of an existing PA, please select the appropriate link provided below.
[Request a Prior Authorization](#)
[View Prior Authorization/Exception Management Status](#)
[Request a PASR Assessment](#)
[Request a Secondary/OT-MI Prior Authorization](#)

View a Claim
View a Claim
Check the status of a previously submitted claim using the Transaction Control Number, bill type, or a claim service date range.
[View Claim Status](#)

Procedure Code Lookup
Procedure Code Lookup
Find the detailed description for a procedure code, including gender age, and prior authorization information.
[View Procedure Code Information](#)

Payment History

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Slide 8

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Under the **Claims Tab** within the **Enter a Claim** portlet, click **CMS 1500 Professional**, then the **Claim Data** page will appear.

Claim Data Tab Page

Member Information

Member ID: XXXXXXXX Patient Account Number: XXXXXXXX Date of Birth: XXXXXXXX Gender: Male
Last Name: Doe First Name: John Middle Initial: MI Suffix: S Date of Death: 12/31/2010 Patient Weight: 150 Insured Group or Policy Number: 1234567890 Insured Group Name: ABC

Practitioner Claim Data

Billing Provider ID: XXXXXXXX - Public, Joseph Rendering Provider ID: XXXXXXXX Referring Provider ID: XXXXXXXX Signature on File: Yes
Diagnosis 1: 011 Diagnosis 2: 011 Diagnosis 3: 011 Diagnosis 4: 011 Diagnosis 5: 011 Diagnosis 6: 011 Diagnosis 7: 011 Diagnosis 8: 011

Payer Information

Insurance Company Name: Medicaid/PeaceCare Payer Identifier: 77034
Payer Responsibility Sequence Number: Secondary

Next

Slide 9

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Under the **Claim Data** Tab. Complete the following steps:

1. Enter information in the required fields in **Member Information**
 - Member ID
 - Patient Account Number
 - DOB
 - Last & First Name
2. Enter information in the required fields in **Practitioner Claim Data**
 - Rendering Provider ID
 - Signature on File (should always be Yes)
 - Make sure you enter **Payer Responsibility Sequence Number (Secondary)** or (Tertiary)
3. Click (2) or **Next**.

Then the **Insurance Data** page will appear.

Insurance Data Tab: Insurance Information Page

The screenshot shows the Georgia Health Partnership website. The top navigation bar includes links for Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. The 'Claims' tab is selected. Below the navigation bar, there is a search bar and a link to 'Medicaid + PeachCare for Kids'. The main content area is titled 'Insurance Data' and contains a form for entering insurance information. The form includes fields for Insurance Company Name, Insurance Group or Policy Number, Insured's Group Name, Rendering Provider Number, Insured's Last Name, Insured's First Name, Insured's Middle Initial, Insured's Date of Birth, Amount Paid, Date Insurance Paid/Denied, Authorization Number, and Individual Relationship Code. A callout box with the text 'Add Additional Detail to Payer' points to a link in the top right corner of the form area. The bottom of the page features the Georgia Health Partnership logo and the text 'expertise in action' and 'ACS'.

1. Enter information in the required fields in the **Insurance Data** Tab.

- Insurance Company
- Insurer Group or Policy Number
- Insurer First and Last Name
- Amount Paid
- Date Paid or Denied
- Individual Relationship Code

2. Click **Add Additional Details to Payer** portlet.

Then the **Other Insurance Additional Detail Menu** page will appear.

Important

If you are billing just for the member's co-pay only, enter the paid amount from the EOB and the Primary Insurance EOB Date.

Insurance Data Tab: Other Insurance Additional Detail Page (continued)

The screenshot displays the Georgia Health Partnership website interface. At the top, the logo for Georgia Health Partnership is visible on the left, and navigation links for Logout, Help, Contact Us, and Change Password are on the right. Below the logo, a horizontal menu bar contains links for Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. A search bar is located below the menu bar, with the text "Medicaid - PeachCare for Kids" displayed to its right. Below the search bar, there are three tabs: Claim Data, Insurance Data (which is selected), and Line Item Data. The main content area is titled "Insurance Additional Detail Menu" and contains a list of links: Patient and Subscriber Detail, Other Payer Claim Level Adjustment, Coordination of Benefits Detail, Other Payer Outpatient Adjudication, and Other Payer Patient Information. A link for "< Back to Insurance Data" is also present. At the bottom of the page, there is a footer with the text "Español | Copyright | Privacy Statement | Terms of Use | Accessibility Compliance" and the ACS logo with the tagline "expertise in action".

Patient and Subscriber Detail

Insurance Additional Detail Menu

Other Payer Claim Level Adjustment
Coordination of Benefits Detail
Other Payer Outpatient Adjudication
Other Payer Patient Information

< Back to Insurance Data

Slide 11

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Under the **Other Insurance Additional Detail Menu** page, click the **Patient and Subscriber Detail** portlet. Then the **Patient Subscriber Detail** page will appear.

Insurance Data Tab: Patient and Subscriber Detail Page (continued)

The screenshot displays the 'Insurance Data' tab within the 'Georgia Health Partnership' system. The 'Patient and Subscriber Detail' section is active, showing fields for 'Patient' and 'Other Subscriber'. The 'Patient' section includes a 'Patient Primary Identifier' field with the value 'A152'. The 'Other Subscriber' section includes fields for 'Payer Responsibility Sequence Code' (set to 'P Primary'), 'Insured Date of Birth' (set to 'mm/dd/yyyy'), 'Insured Gender' (radio buttons for Male, Female, and Unknown), 'Insurance Type Code' (set to 'H&M Health Maintenance Organization (HMO)'), and 'Claim Filing Indicator Code' (set to 'H&M Health Maintenance Organization'). Below these fields are fields for 'State' (set to 'GA') and 'ZIP Code' (set to 'xxxxxx'). At the bottom of the form, there is a button labeled 'Add to Claim and Return to Detail Menu' which is highlighted by a callout box. Other buttons include 'Back', 'Add to Claim and Return to Claim Entry', and 'Return to Claims'. The footer of the page includes the text 'Expertise in action' and the ACS logo.

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Under the **Patient and Subscriber Detail** page, complete the following steps:

1. Enter information in the required fields in **Patient**: Patient Primary Identifier
2. Enter information in the required fields in **Other Subscriber**
 - Payer Identifier
 - Payer Responsibility Sequence
 - Insurance Type Code
 - Claim Filing Indicator
3. Click the **Add to Claim and Return to Detail Menu** portlet.

Then the Other **Insurance Additional Detail Menu** page will appear.

Insurance Data Tab: Other Insurance Additional Detail Page (continued)

The screenshot shows the Georgia Health Partnership website. The top navigation bar includes links for Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. A search bar is present with the text 'Search' and 'go'. Below the navigation bar, there are tabs for Claim Data, Insurance Data, and Line Item Data. The 'Insurance Data' tab is selected, and the 'Other Insurance Additional Detail Menu' is displayed. A callout box with the text 'Other Payer Patient Information' points to a link in the menu. The menu text reads: 'These are the additional HFAA data content fields that you may need to enter as part of your CMS 1500 / Professional Claim.' The links listed are: 'Patient and Subscriber Detail', 'Payer Claim Level Adjustment', 'Coordination of Benefits Detail', 'Payer Patient Information', and 'Other Payer Patient Information'. A 'Back to Insurance Data' link is at the bottom of the menu. The footer of the website includes 'Español | Copyright | Privacy Statement | Terms of Use | Accessibility Compliance' and the ACS logo with the tagline 'expertise in action'.

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Under the **Other Insurance Additional Detail Menu** page, click the **Other Payer Patient Information** portlet. Then the **Other Payer Patient Information** page will appear.

Insurance Data Tab: Other Payer Patient Information Page (continued)

The screenshot displays the 'Insurance Data' tab within the 'Georgia Health Partnership' system. The page is titled 'Other Payer Patient Information'. It contains two main sections: 'Payer' and 'Patient'. The 'Payer' section has fields for 'Payer Identifier' (with a value of 152) and 'Other Payer Last or Organization Name'. The 'Patient' section has fields for 'Other Payer Patient Primary Identifier', 'Reference Identification Qualifier' (with a dropdown menu), 'Other Payer Patient Secondary Identifier', and 'Reference Identification Qualifier' (with a dropdown menu). A callout box with the text 'Add to Claim and Return to Claim Entry' points to a button labeled 'Add to Claim and Return to Claim Entry' at the bottom of the form. The page also includes a 'Back' button and a 'Medicaid - PeachCare for Kids' link. The footer contains the text 'Expertise in action' and the ACS logo.

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Under the **Other Payer Patient Information** page, complete the following steps:

1. Enter information in the required fields in **Payer**
 - Payer Identifier
 - Other Payer Last Organization Name
3. Click **Add to Claim and Return to Claim Entry** portlet.

The **Insurance Information** page will appear.

Insurance Data Tab: Insurance Information Page (continued)

GEORGIA HEALTH PARTNERSHIP

Home | Provider Information | Member Information | Directories | My Workspace | **Claims** | Eligibility

Search [Search] Medicaid > PeachCare for Kids

Return to: Claims >

Insurance Data

You must click the "Add Insurance Data" button for every payer you enter before you move to the next page, or the payer information will be lost.

Insurance Information

Insurance Company Name: United Health Insur Insured's Group Name: [] Add Additional Detail to Payer

Insurance Group or Policy Number: XXXXXXXXXX Rendering Provider Number: []

Insured's Last Name: Doe Insured's First Name: Jane MI Suffix: [v]

Amount Paid: \$45.00 Date Insurance Paid/Denied: 03/23/2008

Authorization Number: [] Individual Relationship Code: 19 Child

Cancel Add Insurance Data

Payer View Area

Add Insurance Data

Previous 1 2 3 Next

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Under **Insurance Information** page, complete the following steps:

1. Enter information in the required fields in **Insurance Information**

- Insurance Company Name
- Insurance Group or Policy Number
- Insured's First and Last Name
- Amount Paid
- Date Insurance Paid/Denied
- Individual Relationship Code

2. Click the **Add Insurance Data** button.

Then the **Insurance Information** verification page appears

Insurance Data Tab: Payer View Area

Georgia Health Partnership

Home | Provider Information | Member Information | Directories | My Workspace | Claims | Eligibility

Search [Search] [Go] | Member and Provider Care for Kids | Return to: Claim

Insurance Data | Line Item Data

You must click the "Add Insurance Data" button for every payer you enter before you move to the next page, or the payer information will be lost.

Insurance Information

Insurance Company Name: [Text Box] Insured's Group Name: [Text Box] Add Additional Detail to Payer
Insurance Group or Policy Number: [Text Box] Rendering Provider Number: [Text Box]
Insured's Last Name: [Text Box] Insured's First Name: [Text Box] ME Suffix: [Dropdown]
Amount Paid \$: [Text Box] Date Insurance Paid/Entered: [Text Box] 01/13
Authorization Number: [Text Box] Individual Relationship Code: [Dropdown]

Cancel Add Insurance Data * excludes required field Previous 1 2 3 Next

Payer View Area

United Health Insurance Company - XXXXXXXXXX
Insurance Company Name: United Health Insurance Company
Insurance Group or Policy Number: XXXXXXXXXX
Insured's Last Name: Doe
Amount Paid: \$45.00
Authorization Number: [Text Box]
Additional Detail has been added: Yes Review Payer Detail Remove Payer Edit Payer Information

Insured's Group Name: [Text Box]
Rendering Provider Number: [Text Box]
Insured's First Name: Jane ME Suffix: [Dropdown]
Date Insurance Paid/Entered: 02/23/2006
Individual Relationship Code: 19 Child

Previous 1 2 3 Next

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Under the **Insurance Data Tab** within the **Insurance Information** page, complete the following steps:

1. Make sure you see **Yes** where **Additional Detail** has been added
2. Verify all data under **Payer View Area**.
3. Click **(3)** or **Next**.

Then the **Line Item data** page will appear.

Line Item Data Tab

Georgia Health Partnership

Home | Provider Information | Member Information | Directories | My Workspace | Claims | Eligibility

Search [] []

Medicaid - Provider Care for Kids

Return to: Claims

Claims Data | Insurance Data | Line Item Data

You must click the "Add Line Item" button for every line you enter before you move to the next page, or the line will be lost.

Detailed Line Item

Diagnosis Codes: 312.82

Line Item Control Code: []

Place of Service: 11 Office ☒ Units of Service: 8

Procedure Code: 90008 Referring Provider ID: []

Modifier 1: [] From Date of Service: 02/09/2008 ☒ 215

Modifier 2: [] Through Date of Service: 02/09/2008 ☒ 215

Modifier 3: []

Modifier 4: []

Please select a category below to help identify the nature of information provided in this item.

Emergency: ☐ Yes ☒ No

Patient Planning: ☐ Yes ☒ No

Health Check: ☐ Yes ☒ No

Diagnosis Code Indicator 1: 312.82 ☒ ☒ ☒ ☒

Diagnosis Code Indicator 2: ☒ ☒ ☒ ☒

Diagnosis Code Indicator 3: ☒ ☒ ☒ ☒

Diagnosis Code Indicator 4: ☒ ☒ ☒ ☒

Charge Amount: 120.00

Summary View Area

Total Charges: \$ 0.00

[Return to Claims](#)

[Add Additional Detail to Line](#)

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Slide 17

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Under the **Line Item Detailed** Tab. Complete the following steps:

2. Enter information in the required fields in **Detailed Line Item** page:

- Place of Service
- Procedure code
- Units of Service
- From and Through Date of Service
- Charge Amount
- Diagnosis code indicator(s)

3. Click the **Add Additional Details to Line** portlet.

Then the **Additional Line Detail Categories** page will appear.

Important

If you are billing just for the member's co-payment input the co-payment amount in the Charge Amount field.

Line Item Data Tab: Additional Line Detail Categories (continued)

The screenshot displays the Georgia Health Partnership website interface. At the top, there is a navigation bar with links: Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. Below this is a search bar and a user profile section for 'Medicaid - PeachCare for Kids'. The main content area features three tabs: Claim Data, Insurance Data, and Line Item Data. The 'Line Item Data' tab is active, showing a section titled 'Additional Line Detail Categories'. This section includes a list of categories: Prior Authorization / Referral Number, Referring / Rendering Provider, Service Facility Location, Other Payer Line Adjudication and Service Adjustment, Clinical Laboratory Information Act, UIN, Tax, and Postage Detail, Services, Ambulance Transport, Home Oxygen Therapy, OMERC Condition Indicator, Certificate and Test Data, Drugs and Prescription Data, Health Care Services Delivery, Form ID Code and Supporting Documentation, and Miscellaneous Line Item Data Information. A box on the right side of the page highlights the 'Other Payer Line Adjudication and Service Adjustment' category. At the bottom of the page, there is a footer with links for Español, Copyright, Privacy Statement, Terms of Use, and Accessibility Compliance, along with the 'expertise in action' logo and the ACS logo.

Slide 18

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Under the **Line Item Data** tab within the **Additional Line Detail Categories** page, click the **Other Payer Line Adjudication and Service Adjustment** portlet. Then the **Other Payer Line Adjudication and Service Adjustment** page will appear.

Line Item Data Tab: Other Payer Line Adjudication and Service (continued)

Line Adjudication

Other Payer Primary Identifier: A152
 Service Line Paid Amount: \$45.00
 Approved Amount: \$70.00
 Procedure Code: 90004
 Modifier:
 Paid Service Line Count:
 Bundled Line Number:
 Line Adjudication Date: mm/dd/yyyy

Service Adjustment

Claim Adjustment Group Code	Adjustment Reason Code - Line Level	Adjustment Amount \$	Adjustment Quantity	Action
Contractual Obligations	42	\$50.00		Add Remove Revoke
Patient Responsibility	3	\$25.00		

Add to Claim and Return to Claim Entry

Slide 19

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Under the **Other Payer Line Adjudication and Service Adjustment**, complete the following steps. This is where you will add the breakdown of each line from your EOB.

1. Enter information in the required fields in **Line Adjudication**

- Other Payer Identifier
- Service Line Paid Amount
- Approved (Allowed) Amount
- Procedure code

2. Enter information in the required fields in **Service Adjustment**

- Claim Adjustment Group Code
- Adjustment Reason Code
- Adjustment Amount

Important

If you are billing just for the Member's Co-Payment amount input the Paid and Approved Amount on the EOB in the Paid and Approved Amount fields. Slide 20 provides a few examples of the Adjustment Reason Codes.

3. If the line item information is complete and you have no NDC information to enter, click **Add to Claim and Return to Claim Entry** portlet.

The **Line Item Data** page will appear to verify your information (Slide 24).

4. Follow these instructions on slides 22-23 if you are entering injectable Drugs with NDC information.

Adjustment Reason Codes

Adjustment reason codes are located on the explanation of benefits from the primary insurance company. These codes are needed to correctly enter a COB or crossover claim.

Frequently used adjustment reason codes:

- ☐ 1 Deductible Amount
- ☐ 2 Co-insurance Amount
- ☐ 3 Co-payment Amount
- ☐ 45 Charges exceed your contracted / legislated fee arrangement
- ☐ 96 Non-covered charge(s)

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Instructions to Enter Injectable Drugs/NDC

Follow these instructions on slides 19-20 if you are entering injectable Drugs with NDC information.

If you are not entering Injectable Drugs/NDC information, proceed to slide 24.

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Line Item Data Tab: Entering An NDC Number

The screenshot shows the Georgia Health Partnership website interface. At the top, there is a navigation bar with links: Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. Below this is a search bar and a user profile section. The main content area is titled 'Line Item Data' and contains a section for 'Additional Line Detail Categories'. This section lists various data entry fields, including 'Drug and Prescription Data', which is highlighted by a callout box. Other categories listed include Prior Authorization / Referral Number, Referring / Rendering Provider, Service Facility Location, Other Payer Line Adjustment and Service Adjustment, Service Adjustment 1, Service Adjustment 2, Clinical Laboratory Information Act, UPH, Tax, and Postage Detail, Services, Ambulance Transport, Home Oxygen Therapy, Outpatient Condition Indicator, Certificate and Test Data, Health Care Services Delivery, Form ID Code and Supporting Documentation, and Miscellaneous Line Item Data Information. A 'Back to Line Item Data' link is also present.

Georgia Health Partnership

Home | Provider Information | Member Information | Directories | My Workspace | Claims | Eligibility

Search [Search] 00 Medicaid - PeachCare for Kids

Return to: Claims >

Line Item Data

Additional Line Detail Categories

These are the additional HIPAA data content fields that you may need to enter as part of your CMS 1500 / Professional Claim.

- [Prior Authorization / Referral Number](#)
- [Referring / Rendering Provider](#)
- [Service Facility Location](#)
- [Other Payer Line Adjustment and Service Adjustment](#)
- [Service Adjustment 1](#)
- [Service Adjustment 2](#)
- [Clinical Laboratory Information Act, UPH, Tax, and Postage Detail](#)
- [Services](#)
- [Ambulance Transport](#)
- [Home Oxygen Therapy](#)
- [Outpatient Condition Indicator](#)
- [Certificate and Test Data](#)
- [Drug and Prescription Data](#)
- [Health Care Services Delivery](#)
- [Form ID Code and Supporting Documentation](#)
- [Miscellaneous Line Item Data Information](#)

[Back to Line Item Data](#)

Drug and Prescription Data

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From the Line Item Tab, under **Additional Line Details** Categories, click **Drug and Prescription Data**.

Line Item Data Tab: Entering An NDC Number (continued)

GEORGIA HEALTH PARTNERSHIP

Logout | Help | Contact Us | Change Password

Home | Provider Information | Member Information | Directories | My Workspace | Claims | Eligibility

Search [Search] GO Medicaid - PeachCare for Kids Return to Claims >

Claim Data | Insurance Data | Line Item Data Instructions

Drugs and Prescription Data

National Drug Code	Drug Unit Price \$	Code Qualifier	National Drug Unit Count	Prescription Number	Action
12345678911	\$ 10.00	Unit	30		Add Remove

[Back](#) [Add to Claim and Return to Detail Menu](#) [Add to Claim and Return to Claim Entry](#) * denotes required field

Add to Claim and Return to Claim Entry

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Enter required fields and complete the following steps.

1. Always enter the NDC with no dashes.
2. Click **ADD** when complete.
3. Click **Add to Claim and Return to Claim Entry**.

Line Item Data Tab: Summary View Page

The screenshot displays the 'Line Item Data' tab in a software application. The page is titled 'Detailed Line Item' and contains a form for entering claim data. A red box highlights the 'Add Line Item' button. The form includes fields for 'Line Item Control Code', 'Place of Service', 'Procedure Code', 'Modifier 1', 'Modifier 2', 'Modifier 3', 'Modifier 4', 'From Date of Service', 'Through Date of Service', 'Diagnosis Code Indicator 1', 'Diagnosis Code Indicator 2', 'Diagnosis Code Indicator 3', 'Diagnosis Code Indicator 4', 'Charge Amount', 'Emergency', 'Family Planning', and 'Health Check'. The 'Summary View Area' at the bottom shows the total charges as \$120.00 and lists the line item details.

Add Line Item

Slide 24

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This is the **Summary View Area** a verification page. Complete the following steps.

1. Click **Add Line Item** button, if you have additional lines to add to the claim you will repeat your previous steps until all lines are added.
2. Click **Review Claim** once all information has been added.

Review Claim and Submit

Insurance Information [Add New Insurance Data](#)

Insurance Company Name: United Health Insurance Company Insured's Group Name:
Insurance Group or Policy Number: xxxxxxxxxx Rendering Provider Number:
Insured's Last Name: Doe Insured's First Name: M Suffix:
Amount Paid: \$45.00 Date Insurance Paid/Censed: 02/03/2006
Authorization Number: Individual Relationship Code: 19 Child
Additional Detail has been added: Yes [View Added Payer Detail](#) [Edit Insurance Data](#)

Detailed Line Items [Add New Line Item Data](#)

Diagnosis Codes: 312.82
Total Charges: \$120.00

Line 1

Line Item Control Number: From Date of Service: 02/09/2006 Emergency:
Place of Service: Office Through Date of Service: 02/09/2006 Family Planning:
Procedure Code: 90804 Units of Service: 1 Health Check:
Modifier 1: Modifier 2: Modifier 3: Modifier 4:
Diagnosis Code Indicator: 312.82
Rendering Provider ID: Referring Provider ID: Charge Amount: \$120.00
Additional Detail has been added: Yes [View Added Line Item Detail](#) [Edit Line Item Data](#)

[Cancel](#) [Go to Top of Page](#) [Submit](#)

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The Review Claim portlet will appear. Complete the following steps.

1. Click the **Edit Claim Data** portlet.
2. Scroll down to the bottom, after reviewing your claim.
3. Click the **Submit** button if complete.

CMS 1500 Claim: In Process

Total Charges : \$58.74

Line 1

Line Item Control Number: 01	From Date of Service: 05/22/2003	Emergency: No
Place of Service: Independent Laboratory	Through Date of Service: 05/22/2003	Family Planning: No
Procedure Code: 84702	Units of Service: 01	Health Check: No
Modifier 1:	Modifier 2:	Modifier 3:
Modifier 4:		
Diagnosis Code Indicator: V67.00		
Rendering Provider ID:	Referring Provider ID:	Charge Amount: \$8.97
Additional Detail has been added: No		

[Edit Line Item Data](#)

Line 2

Line Item Control Number: 02	From Date of Service: 05/22/2003	Emergency:
Place of Service: Independent Laboratory	Through Date of Service: 05/22/2003	Family Planning:
Procedure Code: 80100	Units of Service: 01	Health Check:
Modifier 1:	Modifier 2:	Modifier 3:
Modifier 4:		
Diagnosis Code Indicator: V67.00		
Rendering Provider ID:	Referring Provider ID:	Charge Amount: \$49.77
Additional Detail has been added: No		

Your claim is being processed. Please wait.

[Edit Line Item Data](#)

[Cancel](#) [Go to Top of Page](#)

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When complete a confirmation page will appear.

CMS 1500 Claim: Confirmation

Thank you for your participation in the Medicaid/PeachCare for Kids Program. Your claim has been received. The Transaction Control Number for your claim is: 60910020230452356

Please review the claim status information listed below. You may also obtain claim status information through the Claim Status Inquiry area of this web site, or click the "Contact Us" feature in the upper right-hand corner of this page, or call the Customer Interaction Center (CIC) at (404) 298-1228 or (800) 766-4456.

You may wish to print this screen for your records.

Payment Amount	Status	Exception Codes
\$ 0.00	To be Denied	3348 3348 2750 4361 4361 5016 5016

Claim TCN Number

Exception Codes

Member Information

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This is the CMS 1500 Confirmation page. It displays the TCN, payment amount, status and exception code. To understand the exception code(s) that cause any denials with your claim, click on your **exception code** to see their definitions.

CMS 1500 Claim: Exception Code

The screenshot shows the 'Enter a Claim' page on the Health Partnership website. The page header includes navigation links: Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. A search bar is present with the text 'Medicaid • PeachCare for Kids'. The main content area displays the exception code 2750 and its description: 'THE DATE OF BIRTH ENTERED ON THE CLAIM DOES NOT MATCH THE DATE OF BIRTH ON THE MEMBER DETAIL TABLE.' A 'Back' button is located below the description. A callout box points to the 'Back' button with the label 'Back'. Another callout box points to the exception code and description with the label 'Exception Code and Explanation'. The footer of the page includes links for Español, Copyright, Privacy Statement, Terms of Use, and Accessibility Compliance, along with the ACS logo and the text 'expertise in action'.

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Click on the **Back** button and go back to the claim. Compare the data you've entered with the patient data you have recorded. The exception code 2750, and the explanation is displayed as Description.

In Summary

- ☐ Understand the COB process
- ☐ Add the Claim Data from your COB claim
- ☐ Add Insurance Data to include: Payer Identifier to your Claim
- ☐ Add line item Details
- ☐ Submit your Claim on the Web
- ☐ Review your Claim and Exception Codes

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